

VCSE Review Recommendations

A brief summary

www.regionalvoices.org

**regional
voices**  for better
health

Briefing Aim:

To briefly summarise the recommendations from the VCSE Review Report published in May 2016

June 2016

VCSE Review

In November 2014, the Department of Health, Public Health England, and NHS England initiated a review of the role of the VCSE sector in improving health, wellbeing and care outcomes. The review included a comprehensive consultation process which ran from August to November 2015 and included feedback through online surveys, face to face interviews and event across the country facilitated by Regional Voices and other strategic partnership organisations.

The Vision

The VCSE sector has a consistent track record of working in a way that is holistic, long term, relational and locally-rooted. At its best, the VCSE does not just deliver to individuals, it draws upon whole communities; for volunteering and social action which addresses service-resistant problems like loneliness and stigma, and for the expertise of lived experience in designing more effective, sustainable services and systems. This is the way to address the social determinants of health, build resilience and promote self-care and independence.

The 'Joint review of partnership and investment in VCSE in the health and care sector' report sets out a series of recommendations to enable the sector to work in the best way it can to support people and communities and to deliver the Vision set out in the report. These are summarised below.

Summary of Recommendations

Health and care services are co-produced, focussed on wellbeing, and value individuals' and communities' capacities

1. DH, NHSE and PHE should explore opportunities to further embed the 5 Year Forward View and Care Act goal of **promoting wellbeing** (including identifying, measuring and commissioning for key wellbeing outcomes for all)
2. **Greater co-production** with people who use services and their families at every level of the health and care system (including requiring local health and care systems to draw on on the 'six principles', Engaging and Empowering Communities MOU and TLAP definition of co-production)
3. NHSE should issue revised 'Transforming Participation in Health and Care' guidance on working with VCSE sector to help **ensure CCG's meet their Health and Social Care Act duty to involve**.
4. Health and Wellbeing Boards should engage effectively with local VCSE organisations and all groups experiencing health inequalities to ensure that **JSNA's include a comprehensive assessment of assets** as well as needs.

Commitment to the Compact

5. The government, led by cabinet office, should demonstrate its support for the **Compact principles as a framework for effective collaboration between VCSE and statutory sectors**

VCSE organisations are involved in strategic processes

6. Any future transformation programmes (eg Integrated Personal Commissioning) should only be approved if proposals are included for **involving the full range of local VCSE sector organisations**
7. **Health and Wellbeing Boards should work closely with local VCSE organisations** to ensure that strategies are co-designed with local citizens (particularly those groups which may be under-represented or overlooked).

Social value becomes a fundamental part of health and care commissioning, service provision and regulation

8. **Social value should be better embedded in the commissioning approaches** of local authorities and NHS commissioners (including Cabinet Office working closely with NHSE to ensure training and support are available to commissioners and procurement teams and with NHS SDU to explore ways to identify and incentivise social value creation and fill gaps in the social value evidence base)
9. **CQC should include the value of personalisation, social action and volunteering** in its Key Lines of Enquiry and ratings characteristics

Social prescribing is given greater support

10. NHSE (working with DH, NICE and other key partners) should **publish good practice guidance on social prescribing** (including advice on different models and **recognition that prescriptions should be appropriately and sustainably funded**)

The skills of those involved in health and care commissioning are improved

11. Government should consider how they can support and encourage **health and care commissioning bodies to access skills development training for their workforce** (particularly on co-commissioning)
12. Cabinet Office and DH should consider providing support to **build the capacity of VCSE organisations to compete for and win health and care contracts**

Long term funding as standard

13. (Funders) should move away from short-term pilot funding to **provide core and long term funding** with capacity building support (particularly to smaller and/or specialist VCSE organisations)

Health and care bodies fund on simplest-by-default basis

14. Health and care **commissioners should by default use the simplest possible funding mechanism** (including, but not limited to, grants, 'fee for service' contracts, 'payment by results' contracts, social impact bonds, social prescribing models, personal budgets and personal health budgets)

Greater transparency

15. Government should make **full details of contracts available** through the Contracts Finder website (including awards, amendments, termination and financial flows to subcontractors)
16. DH should consider commissioning **NICE to develop an indicator of VCSE engagement** for NHS and other public health and social care commissioners

Volunteering is valued, improved and promoted

17. All NHS settings should develop **more high-quality, inclusive opportunities for volunteering** (particularly for young people and those from disadvantaged communities)

Dormant funds are used for good

18. NHS Charities, with support from the relevant sector bodies, should **develop links with their local Community Foundations and the wider VCSE sector** to achieve broader health outcomes and share learning and good practice

Evidence underpins health and care

19. **Service objectives should be developed in partnership with funded organisations and service users.** Standard tools to support credible outcomes measurement should be adopted. Providers should be supported to effectively undertake evaluations, measurement of social value and cost-benefit analysis of savings.
20. Government should consider funding the 'What Works Centre for Wellbeing to **set up a wellbeing data lab service**
21. NHS commissioners, local authorities and independent funders should **publish evaluation methodology and results for all grants and funded projects**
22. NIHR should use existing research to **identify and develop tools to measure preventative outcomes** (using suitable proxies and regard for what works for different communities)
23. VCSE organisations should **engage effectively with the evidence base.** Strategic Partners and national infrastructure bodies should promote this.

A sustainable and responsive infrastructure

24. Government, local infrastructure and independent funders should **consider the recommendations set out in Change for Good** and subsequent work from the Independent Commission on the Future of Local Infrastructure
25. NHS commissioners and local authorities should consider providing **funding for suitable infrastructure** to better connect personal budget and personal health budget holders with a range of providers and facilitate development of a more diverse range of services

A greater focus on equality and health inequalities

26. NHS commissioners and local authorities should work with the VCSE sector to **enable all groups in society to have a say in how services can achieve better health and care outcomes** (especially those experiencing health inequalities)

Market diversity

27. Government should consider extending the '**market diversity duty**' to include **NHS commissioners**

A streamlined Voluntary Sector Investment Programme

28. Central **grant funds IESD and HSCVF should be unified with the strategic partner programme into one health and wellbeing programme.** Project funding should be used to demonstrate effective models for supporting local infrastructure to tackle health inequalities and better embed VCSE groups with expertise in this area into local health and care systems. **Demonstration projects should work closely with the Health and Care strategic partnership programme** to support government to disseminate learning, develop policy and identify new models for reducing health inequalities in line with the overall strategy set out in the Five Year Forward View.

Next steps

Regional Voices will be working as part of the Strategic Partnership programme to support and advice DH, NHSE, PHE and other statutory partners to implement these recommendations. Your views on any of the findings / recommendations are welcome.

Further Information

More information and the full report are available here: <https://vcsereview.org.uk/>

To find out more about Regional Voices' work in health, wellbeing and care:

<http://www.regionalvoices.org> or contact us at contact@regionalvoices.org



Follow us [@regionalvoice](https://twitter.com/regionalvoice)

Regional Voices connects voluntary and community organisations with government, through nine regional networks, to inform and influence policy at local, regional and national levels. Regional Voices is a Strategic Partner to the Department of Health, NHS England and Public Health England.

